

SUB-GRANT APPLICATION COVER SHEET

Request for Application Number _____

Sub-grant Program:			
Applicant:			
Address:			
Applicant Federal ID Number:			
Jurisdiction(s) Served:			
Program Title:			
Sub-grant Period:			
Type of Application:	<input type="checkbox"/> New <input type="checkbox"/> Continuation of Sub-grant Number: <input type="checkbox"/> Revision of Sub-grant Number:		
Project Director		Project Administrator	
Name			Finance Officer
Title			
Address			
Phone:			
Fax:			
E-mail:			
Signature of Project Administrator/Director:			
Project Budget Summary			
VDSS Funds	Match, if required		Grand Total
\$	\$		\$